

Mail-In Application For Voter Registration

You can use this form to:

- ☞ register to vote in Tennessee, or to
- ☞ let us know that your name or address has changed.

To register to vote:

- ☞ you must be a U.S. citizen, AND
- ☞ you must be a resident of Tennessee, AND
- ☞ you must be at least 18 years old on/or before the next election, AND
- ☞ you must not have been convicted of a felony, or if you have, your full rights of citizenship must have been restored (or you must have received a pardon).

☞ **Anyone who registers by mail, must vote in person the first time he or she votes after registering.**

Are you interested in working on Election Day?

- ☐ Yes
☐ No

MAIL OR HAND DELIVER THIS FORM TO YOUR COUNTY ELECTION COMMISSION.

Click on  http://tnsos.org/elections/election_commissions.php to find your County Election Commission address.

Instructions / checklist:

- ☐ Please PRINT with a blue or black **INK** pen (not felt tip).
- ☐ Provide the information in items 1-8 below, read the VOTER DECLARATION, and sign by the "X".
- ☐ An application for voter registration must be postmarked or hand delivered to the proper county election commission office at least 30 days before an election.
- ☐ Voter registration records are public records, open to inspection by any citizen of Tennessee.

YOU ARE NOT REGISTERED TO VOTE UNTIL YOU RECEIVE A VOTER REGISTRATION CARD.

If you are qualified and the information on your form is complete, we will add your name to the county's voter rolls. We will then mail you a voter card. This card will tell you where to vote.

For more information, call your county election commission.

Fold Here



SS-3010 REV 8/03

				FOR COUNTY ELECTION COMMISSION USE ONLY					
CHECK ONE: <input type="checkbox"/> NEW REGISTRATION <input type="checkbox"/> ADDRESS CHANGE <input type="checkbox"/> NAME CHANGE				Mail _____ Reg # _____ Approved _____ Eff. Date _____					
1 P/A _____ District _____ Precinct _____ Ward _____									
2 LAST NAME		FIRST NAME		MIDDLE INITIAL		SEX <input type="checkbox"/> M <input type="checkbox"/> F		RACE (OPTIONAL)	
3 ADDRESS WHERE YOU LIVE (DO NOT GIVE A P.O. BOX)				APT. #		CITY		COUNTY ZIP	
4 ADDRESS WHERE YOU GET YOUR MAIL (IF DIFFERENT FROM #3)									
5 DATE OF BIRTH		6 PLACE OF BIRTH		SOCIAL SECURITY NUMBER, if any (required under TCA 2-2-116 for purposes of identification and to avoid duplicate registration)			7 DAYTIME PHONE NUMBER		
8 NAME AND ADDRESS ON LAST VOTER REGISTRATION									
NAME _____			ADDRESS _____						
CITY _____			COUNTY _____			STATE _____		ZIP _____	
VOTER DECLARATION By completing the questions below and signing my name, I am swearing (or affirming) that the information I have provided is true, subject to the WARNING as stated.									
				Yes		No			
1. I am a U.S. citizen.				_____		_____			
2. I am a resident of the State of Tennessee.				_____		_____			
3. I will be at least 18 years old on/or before the next election.				_____		_____			
4. I have been convicted of a felony.				_____		_____			
				X		Signature (or mark) of Applicant		Date	
				If applicant is unable to sign, provide signature of person who signed for applicant.					
				Signature of Person Assisting					
				Address					